

**OFFICIAL**

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New York

## DISCLOSURE OF ADDITIONAL REGISTRY INFORMATION

Information disclosed by the New York State Nursing Home Nurse Aide Registry in addition to that required in 42 CFR 483.156(c)(1)(iii) and (iv)

Individuals' certification number

Date of recertification, if applicable

Last home address of record

Date of birth

Date of conviction of patient abuse, neglect, mistreatment of patients, or misappropriation of resident's property, if any.

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